2015–16 Guidance Counselor Form

Applicant Section
To be completed by a currently enrolled high school senior. Please fill in the information below and provide this form to your high school guidance counselor to complete. Your counselor must submit the completed form directly to the Office of Admissions.

Last Name __________________________________________ First Name __________________________
Middle Name ______________________________________ Suffix (Jr. etc.) ___________________
Address __________________________________________

Counselor Section
To be completed by the applicant’s high school guidance counselor. The named student is applying for admissions to Ball State University. This form is part of the university’s application requirements. Please fill in the requested information and send this document directly to Ball State’s Office of Admissions.

High School Name ____________________________________ HS CEEB Code ____________

Students Graduation Date (month/year) __________________________

Will this student be awarded a high school diploma?
☐ Yes ☐ No

For Indiana Students Only:
Is this student on track to complete Core 40?
☐ Yes ☐ No

Has this student passed the ISTEP+ exam?
☐ Yes ☐ No

Is this student pursuing Indiana Academic Honors Diploma?
☐ Yes ☐ No ☐ N/A

Courses in Progress
Please list the student’s academic courses currently in progress or attach a list to this form:

7th semester or equivalent: ____________________________________________

__________________________________________
__________________________________________
__________________________________________
__________________________________________

8th semester or equivalent: ____________________________________________

__________________________________________
__________________________________________
__________________________________________
__________________________________________

Counselor comments
__________________________________________
__________________________________________
__________________________________________

Counselor name __________________________________________ Phone __________________________

Counselor signature __________________________ Date ________________

Transcript
The student’s official transcript and a list of his or her courses in progress are required. If available, Please also include a high school profile.

Submission Instructions
Send this form and supporting credentials to: Office of Admissions, Ball State University, Muncie, IN 47306–0855 or email completed PDF to askus@bsu.edu.

bsu.edu/admissions